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I her be certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313/1450.

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1 page

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	00786/376003
Applicant	Jerrold Rosenbaum
Title	USE OF PRAMIPEXOLE AS A TREATMENT FOR COCAINE CRAVING

PRIORITY INFORMATION:

This application is a Continuation of Application No. 10/088,628, filed June 12, 2002, which is the U.S. National Stage of International Application No. PCT/US00/26634, filed September 28, 2000, which was published in English under PCT Article 21(2), and which claims the benefit of U.S. Provisional Application No. 60/156,860, filed September 30, 1999.

SMALL ENTITY STATUS:

□ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet

Specification	10 pages
Claims	2 pages
Abstract	1 page
Drawings	1 sheet
Combined Declaration and Power of Attorney, which is:	2 pages
□ Unsigned;	
□ Newly signed for this application;	
☑ A copy from prior application 10/088,628 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	3 pages
International Search Report	0 pages
Form PTO 1449	0 pages
Cited References	0 references

Recordation Form Cover Sheet and Assignment	0 pages	
English Translation	0 pages	
Certified Copy of Priority Document	0 pages	
Non-publication Request under 35 U.S.C. § 122(b).	0 pages	
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages	
A Small Entity Statement	0 pages	
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee: \$385	\$385.00	
Excess Claims Fee: (14-20=5) x \$9	\$0.00	
Excess Independent Claims Fee: (4-3=1) x \$43	\$43.00	
Multiple Dependent Claims Fee: \$145	. \$0.00	
Total Fees:	\$428.00	

- ☑ Enclosed is a check for \$428.00 to cover the total fees.
- □ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
- ☑ Please apply any other charges or any credits to Deposit Account No. 03-2095.

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Signature

18 February 2004

Date